

YC  
11/13/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		10/13/00
O.I.P.E. CLASSIFIER			10/13/00
FORMALITY REVIEW	CJS	AB 906	11/13/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

T R C E

Claim	Date
1 Final Original	9/4/00
1 Final Original	10/16/00
1 Final Original	11/3/00
1 Final Original	10/1/00
1 Final Original	10/2/00
1 Final Original	10/3/00
10	✓ ✓ ✓ ✓ ✓ ✓ ✓
11	✓ ✓ ✓ ✓ ✓ ✓ ✓
12	✓ ✓ ✓ ✓ ✓ ✓ ✓
13	✓ ✓ ✓ ✓ ✓ ✓ ✓
14	✓ ✓ ✓ ✓ ✓ ✓ ✓
15	✓ ✓ ✓ ✓ ✓ ✓ ✓
16	✓ ✓ ✓ ✓ ✓ ✓ ✓
17	✓ ✓ ✓ ✓ ✓ ✓ ✓
18	✓ ✓ ✓ ✓ ✓ ✓ ✓
19	✓ ✓ ✓ ✓ ✓ ✓ ✓
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23	✓ ✓ ✓ ✓ = ✓
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46	✓ ✓ ✓ ✓ ✓ ✓
47	✓ ✓ ✓ ✓ ✓ ✓
48	✓ ✓ = ✓ ✓
49	✓ ✓ ✓ ✓ ✓ ✓
50	✓ ✓ = ✓ ✓

Claim	Date
4	9/10/00
5	10/15/00
6	11/2/00
7	11/7/00
8	10/20/00
9	10/30/00
10	10/31/00
11	11/1/00
12	11/6/00
13	11/11/00
14	11/16/00
15	11/21/00
16	11/26/00
17	11/31/00
18	12/1/00
19	12/6/00
20	12/11/00
21	12/16/00
22	12/21/00
23	12/26/00
24	12/31/00
25	1/5/01
26	1/10/01
27	1/15/01
28	1/20/01
29	1/25/01
30	1/30/01
31	2/4/01
32	2/9/01
33	2/14/01
34	2/19/01
35	2/24/01
36	2/29/01
37	3/6/01
38	3/11/01
39	3/16/01
40	3/21/01
41	3/26/01
42	4/1/01
43	4/6/01
44	4/11/01
45	4/16/01
46	4/21/01
47	4/26/01
48	5/1/01
49	5/6/01
50	5/11/01

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)